

**REAL ESTATE TRANSFER TAX
DECLARATION OF CONSIDERATION**

RSA 78-B:10

PLEASE PRINT OR TYPE

STEP 1 Purchaser Grantee Assignee Transferee	LAST NAME OR ENTITY		FIRST & INITIAL		FEIN OR SSN	
	LAST NAME OR ENTITY		FIRST & INITIAL		FEIN OR SSN	
	NUMBER & STREET ADDRESS					
	ADDRESS (CONTINUED)					
	CITY/TOWN, STATE & ZIP CODE					
STEP 2 Seller Grantor Assignor Transferor	LAST NAME OR ENTITY		FIRST & INITIAL		FEIN OR SSN	
	LAST NAME OR ENTITY		FIRST & INITIAL		FEIN OR SSN	
	NUMBER & STREET ADDRESS					
	ADDRESS (CONTINUED)					
	CITY/TOWN, STATE & ZIP CODE					
STEP 3 Real Estate Property	MUNICIPALITY					
	BOOK NO.		PAGE NO.		COUNTY	
	BRIEF DESCRIPTION: (SUCH AS MAP AND LOT NUMBERS; LOCATED AT 17 ELM STREET, AUBURN, OR 10 ACRES, FARM HOUSE AND BARN KNOWN AS SMITH FARM, MILL ROAD, MILTON.)					
STEP 4 Transfer Date	DATE OF TRANSFER: MONTH _____ DAY _____ YEAR _____					
STEP 5 Figure The Tax			Purchaser		Seller	
	(a) FULL PRICE OR CONSIDERATION FOR THE REAL ESTATE	\$		\$		
	(b) ROUND LINE 5(a) UP TO THE NEAREST \$100	\$	00	\$		00
	(c) DIVIDE LINE 5(b) BY \$100	\$	00	\$		00
	(d) TAX RATE PER \$100 AT TIME OF TRANSFER (See instructions)	\$		\$		
	(e) SUBTOTAL OF TAX [Line 5(c) multiplied by 5(d)]	\$		\$		
	(f) TOTAL TAX PAID TO COUNTY	\$				00
	(Sum of purchaser & seller subtotals rounded to the nearest whole dollar) DO NOT MAIL PAYMENT WITH THIS FORM.					
STEP 6 Special Circumstances	Were there any special circumstances in the transfer which suggest that the full price or consideration of the property was either more or less than its fair market value? <input type="checkbox"/> NO <input type="checkbox"/> YES, if yes, please explain.					
STEP 7 Signa- tures	Under penalties of perjury, I declare that I have examined this document and to the best of my belief it is true, correct and complete.					
FOR DRA USE ONLY	PURCHASER'S SIGNATURE (IN INK)		DATE		SELLER'S SIGNATURE (IN INK)	
	PURCHASER'S SIGNATURE (IN INK)		DATE		SELLER'S SIGNATURE (IN INK)	
	PURCHASER'S SIGNATURE (IN INK)		DATE		SELLER'S SIGNATURE (IN INK)	
	WITNESS SIGNATURE (IN INK)		DATE		WITNESS SIGNATURE (IN INK)	
	WITNESS SIGNATURE (IN INK)		DATE		WITNESS SIGNATURE (IN INK)	
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION 45 CHENELL DRIVE, PO BOX 1324 CONCORD NH 03302-1324						